

**FENWICK & WEST LLP**

SAN FRANCISCO OFFICE | 275 BATTERY ST., SUITE 1500 | SAN FRANCISCO, CA 94111

TEL 415.875.2300 | FAX 415.281.1350 | WWW.FENWICK.COM

FACSIMILE TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****CONFIDENTIAL****AUG 18 2005****DATE:** August 18, 2005**CLIENT-MATTER NO.:** 16319-04931**TO:**

NAME	FAX NO.	PHONE NO.
Examiner Nga B. Nguyen Group Art Unit 3628 Commissioner for Patents	1-571-273-8300	

FROM: Robert R. Sachs**PHONE:** (415) 875-2410**NUMBER OF PAGES WITH COVER PAGE:** 12**ORIGINAL WILL NOT FOLLOW****MESSAGE:****Request for Continued Examination (RCE) & Response D**

Applicant: George A. Hansen
Appl. No.: 09/580,670
Filing Date: May 26, 2000
Title: Managing Changes Among Multiple Life Cycle Plans
Atty Dkt. No.: 16319-04931

**RECEIVED
OICE/AP****AUG 22 2005****CAUTION - CONFIDENTIAL**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.


**IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Tomika Thomas AT (415) 875-2474 AS SOON AS POSSIBLE.**


PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number 09/580,670
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Filing Date May 26, 2000
		First Named Inventor George A. Hansen
		Group Art Unit Number 3628
		Examiner Name Nga B. Nguyen
Total Number of Pages in This Submission	11	Attorney Docket Number 16319-04931

ENCLOSURES <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Deposit Account Authorization Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Request for Extension of Time <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Response D: [8] Pages <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Request For Continued Examination (RCE) <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.: Robert R. Sachs, Reg. No.: 42,120	Dated: August 18, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	
Typed or Printed Name: Robert R. Sachs, Reg. No.: 42,120	Dated: August 18, 2005
Facsimile Number:	1-571-273-8300

16319/04931/SF/5149597.1

AUG 18 2005

FREE TRANSMITTAL **for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Complete if Known	
Application Number	09/580,670
Filing Date	May 26, 2000
First Named Inventor	George A. Hansen
Examiner Name	Nga B. Nguyen
Art Unit	3628
Attorney Docket No.	16319-04931

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee Code	Fee Description	Fee Paid
(1)	(2)		

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee Paid

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description
(1)	(2)	(3)	(4)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)


3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
(1)	(2)		
1091	130	1091 63	
1052	50	1052 25	
1053	130	1053 130	
1812	2,520	1812 2,520	
1804	920*	1804 920*	
1805	1,840*	1805 1,840*	
1251	120	1251 60	
1252	450	1252 225	
1253	1020	1253 510	
1254	1,580	1254 795	
1255	2,160	1255 1,080	
1401	900	1401 250	
1402	500	1402 250	
1403	1000	1403 500	
1451	1,510	1451 1,510	
1452	500	1452 250	
1453	1,500	1453 750	
1501	1,400	1501 700	
1502	800	1502 400	
1503	1100	1503 550	
1480	---	1480 ---	
1807	50	1807 50	
1809	180	1809 180	
8021	40	8021 40	
1809	790	1809 395	
1810	790	1810 395	
1801	790	1801 395	
1802	900	1802 900	

Other fee (specify):

SUBTOTAL (3) (\$) 790.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert R. Sachs	Registration No. (Attorney/Agent)	42,120
Signature		Date	August 18, 2005
		Telephone (415) 875-2410	